

Application Data Sheet

Application Information

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|-------------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF) :: | No |
| Number of copies of CRF:: | 0 |
| Title:: | INSTALLATION FOR TREATING PRODUCTS AND CORRESPONDING DATA ACQUISITION COMPONENT |
| Attorney Docket Number:: | 0512-1179 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 3 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-PHILIPPE
Middle Name::
Family Name:: ENEAU
City of Residence:: BASSE-GOULAIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 15, AVENUE SCHUMANN

City of Mailing Address:: BASSE-GOULAIN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 44115

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DOMINIQUE
Middle Name::
Family Name:: METAIS
City of Residence:: THOUARE SUR LOIRE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 3, IMPASSE DU CAPRICORNE

City of Mailing Address:: THOUARE SUR LOIRE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44470

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: RAPHAEL
Middle Name::
Family Name:: REVEAU
City of Residence:: CORDEMAIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 10, RUE DES QUATRE VENTS

City of Mailing Address:: CORDEMAIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 44360

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|----------------------|-------------------------|-------------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 02 10583 | 8/26/02 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::